



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

KAGEHIRO et al.

Application Number: 10/715,367

Filed: November 19, 2003

**For: SYSTEM AND METHOD FOR
TRACING BANK NOTES**

Attorney Docket No. HITA.0461

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) **Art Unit 2624**
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) **Examiner Andrae S. Allison**
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**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|------------------------|---------|-------------|
| Total Claims | 15 | 15 | (Over 20) | x \$50 | 0 |
| Independent Claims | 3 | 3 | (Over 3) | x \$210 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | 0 | + \$370 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED | | | | x ½ | |
| | | | | TOTAL | 0.00 |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

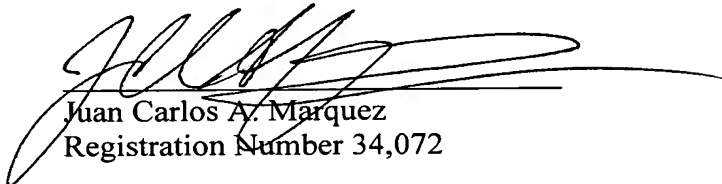
- [x] Response to Office Action
(with Claim Amendments)
[] Preliminary Amendment
[] Substitute Specification
[] Other _____

- [x] Petition for 1-month Extension of Time
[] Terminal Disclaimer
[] Letter to Draftsperson
[] ___ sheet of replacement drawings
[] Request for Continued Examination

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$120.00** to cover the 1 month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
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